

**WORKFORCE DEVELOPMENT CABINET**  
**Kentucky Department for Employment Services**

Northern Kentucky  
[desboone@mail.state.ky.us](mailto:desboone@mail.state.ky.us)

**TO LIST A JOB ORDER CALL: 859-371-0808 or FAX: 859-371-5103**

COMPANY NAME \_\_\_\_\_

KEIN: Kentucky Employer Identification Number \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COMPANY URL \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ CELLULAR NO. (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

HOW TO APPLY? CALL FOR APPOINTMENT ☐ REFER DIRECT ☐ APPLICATION ☐ EMAIL ☐ RESUME ☐ OTHER ☐

JOB TITLE of POSITION \_\_\_\_\_

POSITION # (if required to apply) \_\_\_\_\_ NUMBER of OPENING(S) \_\_\_\_\_

MINIMUM REQUIREMENTS: EDUCATION \_\_\_\_\_ AGE \_\_\_\_\_ EXPERIENCE \_\_\_\_\_ (# Months Required)

TYPE EXPERIENCE REQUIRED/HELPFUL \_\_\_\_\_

SHIFT: 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ HOURS PER WEEK # \_\_\_\_\_ FULL TIME ☐ PART TIME ☐ TEMPORARY ☐ TEMP to PERMANENT ☐

DAYS of WEEK WORKED \_\_\_\_\_ WORK HOURS (AM or PM) START: \_\_\_\_\_ END: \_\_\_\_\_

SALARY/WAGE \$ \_\_\_\_\_ Per: HOUR ☐ DAY ☐ WEEK ☐ MONTH ☐ YEAR ☐ SALARY RANGE \$ \_\_\_\_\_ to \$ \_\_\_\_\_

**ADDITIONAL REQUIREMENTS**

POLICE RECORDS CHECK <input type="checkbox"/>	EMPLOYER TEST <input type="checkbox"/>	CERTIFICATION <input type="checkbox"/> (List) _____
DRUG SCREENING <input type="checkbox"/>	OWN VEHICLE <input type="checkbox"/>	
PHYSICAL <input type="checkbox"/>	OWN TOOLS <input type="checkbox"/>	DEGREE FIELD <input type="checkbox"/> (List) _____
BONDING <input type="checkbox"/>	JOIN UNION <input type="checkbox"/>	ASSOCIATE <input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE <input type="checkbox"/>
LICENSES <input type="checkbox"/>	TYPING wpm _____	OTHER (List) _____
COMPUTER SKILLS <input type="checkbox"/>		
(Please List) _____		

**SPECIAL WORKING CONDITIONS**

ROTATING SHIFT <input type="checkbox"/>	OUTDOORS <input type="checkbox"/>	STANDING LONG PERIODS <input type="checkbox"/>
OVERTIME <input type="checkbox"/>	TRAVEL <input type="checkbox"/>	HEAVY LIFTING <input type="checkbox"/> (Amount Lifted) _____ lbs

**COMPANY BENEFITS**

HEALTH <input type="checkbox"/>	SICK LEAVE <input type="checkbox"/>	CLOTHING ALLOWANCE <input type="checkbox"/>	RELOCATION ASSISTANCE <input type="checkbox"/>
DENTAL <input type="checkbox"/>	VACATION <input type="checkbox"/>	CHILD CARE <input type="checkbox"/>	TUITION ASSISTANCE <input type="checkbox"/>
LIFE <input type="checkbox"/>	HOLIDAYS <input type="checkbox"/>	401K <input type="checkbox"/>	COMPANY CAR <input type="checkbox"/>

SCREEN FOR: ENTERPRISE ZONE ELIGIBILITY ☐ WOTC (Work Opportunity Tax Credit) ☐ FEDERAL CONTRACTOR JOB LISTING ☐

JOB LOCATION/ZIP CODE (if different from above) \_\_\_\_\_

NATURE of BUSINESS \_\_\_\_\_

JOB DUTIES (Include requirements, qualifications, machines operated, tools used, software, hardware, etc.) \_\_\_\_\_

\_\_\_\_\_

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